



City  
of  
Milwaukee

**EMPLOYMENT APPLICATION**  
**for**  
**Water Treatment Plant Operator**  
**Milwaukee Water Works**

**RETURN APPLICATION TO:**  
Dept. of Employee Relations  
Room 706, City Hall  
200 E. Wells St.  
Milwaukee, WI 53202-3554  
(414) 286-3751  
TDD (414) 286-2960  
[www.milwaukee.gov/jobs](http://www.milwaukee.gov/jobs)

**INSTRUCTIONS TO APPLICANT:**

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information. A resume does NOT substitute for this application.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

<p><b>Name</b> _____ Last First M.I.</p> <p><b>Address</b> _____ Apt. # _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p>Email: _____</p> <p>Day phone: ( ) - _____ Evening phone: ( ) - _____ Cell phone: ( ) - _____</p>	<p>Do you currently live in the city of Milwaukee? <input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><b>NOTE:</b> City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>  					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black;">TYPE</td><td style="width: 50%; border-bottom: 1px solid black;">NUMBER (if any)</td></tr><tr><td style="width: 50%; border-bottom: 1px solid black;">TYPE</td><td style="width: 50%; border-bottom: 1px solid black;">NUMBER (if any)</td></tr></table>		TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
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<p><b>OPEN RECORDS/PUBLIC INFORMATION</b></p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p>  					
<p>If you are CURRENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the City of Milwaukee, list the following:</p> <p>Position Title _____ Employee ID# _____</p> <p>Department _____ From (month/yr) to (month/yr) _____</p>					

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 11 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
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NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

**READ CAREFULLY BEFORE SIGNING** -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education, and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**I. Education and Training**

Circle the highest grade completed in High School: 1   2   3   4   5   6   7   8   9   10   11   12			
Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name and Location of High School _____			
Have you passed a high school equivalency or G.E.D. Test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>A. Do you hold an <b>Associate's Degree</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you earned undergraduate credits? <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of credits: _____</p> <p>Major: _____ Minor: _____</p> <p>College or University: _____ Date: _____</p>			
<p>A. Do you hold a <b>Bachelor's Degree</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Major: _____ Minor: _____</p> <p>College or University: _____ Date: _____</p>			
<p>B. Do you hold a <b>Master's Degree</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you earned graduate credits? <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of credits: _____</p> <p>Major: _____ Minor: _____</p> <p>College or University: _____ Date: _____</p>			
<b>Additional coursework, training programs, or professional seminars completed that may be relevant to this position. (Do not list courses required for above degrees.)</b>			
Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

**II. Registration/Certifications/Licenses**

Please indicate whether or not you have obtained any registrations, certifications, or licenses related to this position:

REGISTRATION, CERTIFICATION, OR LICENSE	LICENSE #/DATE
1.	
2.	
3.	

If you are currently working toward obtaining the above registrations, certifications, or licenses, please describe your progress.

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**III. Work Experience**

List your previous work experience. **Treat each change of job title as a new entry, even if it was with the same organization.** Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. (If necessary, attach additional sheets using the same format).

**A. Current (most recent) employer/position:**

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Period of Employment: From (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Total Months \_\_\_\_\_ Full Time ☐ Part Time ☐ If Part-time, list # of hours per week: \_\_\_\_\_

Salary/wage \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's name, title and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe your job responsibilities:

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**B. Previous Employer**

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Period of Employment: From (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Total Months \_\_\_\_\_ Full Time ☐ Part Time ☐ If Part-time, list # of hours per week: \_\_\_\_\_

Salary/wage \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's name, title and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe your job responsibilities:

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**C. Previous Employer**

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Period of Employment: From (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Total Months \_\_\_\_\_ Full Time ☐ Part Time ☐ If Part-time, list # of hours per week: \_\_\_\_\_

Salary/wage \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's name, title and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe your job responsibilities:

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**D. Previous Employer**

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Period of Employment: From (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Total Months \_\_\_\_\_ Full Time ☐ Part Time ☐ If Part-time, list # of hours per week: \_\_\_\_\_

Salary/wage \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's name, title and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe your job responsibilities:

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\*\*\*If more space is needed please make additional copies of this page or attach additional sheets.\*\*\*

**IV. Knowledge, Skill, and other Abilities**

*Please describe your specific experience and accomplishments in each of the following areas, including extent of involvement, level of responsibility and frequency. For each answer, please identify the employer where this experience was gained. Attach additional pages if more space is needed.*

- 1. Working in a water treatment plant or similar facility:**

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- 2. Performing chemical and physical laboratory analyses and interpreting the results:**

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- 3. Executing diagnosis or troubleshooting of aberrations or equipment malfunctions:**

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- 4. Performing minor preventative maintenance on systems:**

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5. Performing routine plant or grounds upkeep:

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6. Working with chemicals:

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7. Performing visual and physical checks of pumps, motors, instrumentation, and security and other systems, as well as reporting and documenting results:

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8. Ensuring the safety of the workplace; participating in safety programs or on safety committees:

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9. Assess your level of expertise with the following computer software applications, and indicate your level below:

	No Familiarity	Basic	Intermediate	Advanced
Microsoft Office Suite:				
♦ Microsoft Word				
♦ Microsoft Excel				
♦ Microsoft Access				
Other (specify):				
Other (specify):				

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



## **TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

☐ Yes

☐ No

If yes, what kind of accommodations will you need?

☐ A signer

☐ A reader

☐ Extra time

☐ Other (Please describe) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

**THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.**

## MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or un-remarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

### Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes ☐      No ☐

**City of Milwaukee**  
**Supplementary Applicant Information**

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

**Your birthdate must be provided and will be used for conviction verification:** \_\_\_\_\_

PLEASE PRINT

1. Name: \_\_\_\_\_  
LAST FIRST MIDDLE

2. Recruiting information: How did you **FIRST** hear about this job opening? (*please check only one*)

- ☐ A. Milwaukee Journal Sentinel
- ☐ B. Other Newspaper (please specify) \_\_\_\_\_
- ☐ C. City Hall Posting
- ☐ D. Library Posting
- ☐ E. Community Agency Posting (please specify) \_\_\_\_\_
- ☐ F. College or University Posting (please specify) \_\_\_\_\_
- ☐ G. From a City Employee
- ☐ H. From Someone who is NOT a City Employee
- ☐ I. Job Hotline Number (414-286-5555)
- ☐ J. Received Job Interest Postcard in mail
- ☐ K. Job Fair/Career Talk (please specify) \_\_\_\_\_
- ☐ L. TV (please specify station) \_\_\_\_\_
- ☐ M. Radio (please specify station) \_\_\_\_\_
- ☐ N. **www.milwaukee.gov/jobs**
- ☐ O. Other internet site (please specify) \_\_\_\_\_
- ☐ P. OTHER (please specify) \_\_\_\_\_

3. Sex (please check one): MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

4. Race (please check one):

- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
- ☐ Native American Indian/Alaskan Native
- ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak **FLUENTLY**: \_\_\_\_\_

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.

I live in the \_\_\_\_\_ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_